



Liz Gustafson, MSW
State Director
Pro-Choice Connecticut
Testimony for Public Hearing
Human Services Committee
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Dear Senator Lesser, Representative Gilchrest, Senator Seminara, Representative Case, and esteemed members of the Human Services Committee, my name is Liz Gustafson, and I am the State Director of Pro-Choice Connecticut. **Thank you for accepting this testimony in support of;**

- **H.B. 6618** An Act Concerning Medical Assistance for Certain Persons Receiving Abortion Care and Related Services in Connecticut and
- **H.B. 6617** An Act Promoting Equity in Coverage for Fertility Care.

As a leading advocate for reproductive freedom in the state, Pro-Choice Connecticut believes that healthcare is a human right, and everyone deserves access to healthcare regardless of their age, race, gender identity, sexuality, zip code, immigration or economic status. The decision about whether, when, or how to become a parent is one of the most important life decisions we make, and everyone should be able to make that decision without barriers or political interference.

H.B. 6618 An Act Concerning Medical Assistance for Certain Persons Receiving Abortion Care and Related Services in Connecticut

When we are able to access the coverage and healthcare we need, we build communities in which we can all participate with dignity. We should be able to access abortion care without shame, unnecessary restrictions or outside interference, and abortion providers in our state should be able to continue delivering compassionate care to patients with the resources and support they need. Pro-Choice Connecticut is grateful to Governor Lamont and this administration's commitment to protecting and expanding access to comprehensive reproductive healthcare, including exploring the opportunity to act in response to President Biden's Executive Order on Securing Access to Reproductive and Other Healthcare Services, which includes collaborating with states to provide federal Medicaid funding for cross-state travel for people with low incomes seeking sexual and reproductive health care (SRH) through Section 1115 of the Social Security Act (SSA)¹.

Abortion access in the United States has long been inequitable, due in large part to systemic racism and insufficient protections for low-income individuals, disproportionately impacting young people, Black, Latino, and Indigenous people, the LGBTQ+ community, and people living with disabilities. Since the Supreme Court's decision to overturn *Roe v Wade*, the landscape of abortion access continues to rapidly and drastically change. Currently, a total of eighteen states have either banned or severely restricted abortion access², undoubtedly deepening the profound inequities and compounding existing obstacles individuals face when accessing

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<https://www.whitehouse.gov/briefing-room/presidential-actions/2022/08/03/executive-order-on-securing-access-to-reproductive-and-other-healthcare-services/>

² <https://states.guttmacher.org/policies/>

abortion and pregnancy-related care.

Drivers of inequity such as income and health insurance disparities are the result of how our country's institutions and public infrastructures function- and navigating these insurmountable and cumulative barriers in order to obtain time-sensitive abortion care requires significant social and economic resources. We have already begun to witness the harmful impact of abortion bans, including difficulties people face when seeking lifesaving medical care for miscarriages, ectopic pregnancies, and other pregnancy complications. Additionally, research shows that being denied an abortion can have devastating economic consequences and drive people deeper into poverty³, as well as significantly impact an individual's mental health and physical well being.

Forcing people to travel for healthcare, forcing clinics to close, and forcing the remaining clinics to meet the needs of whole regions is unacceptable and unjust. The cost of finding, arranging and traveling for abortion care has risen substantially- and since the overturning of *Roe*, twice as many people who can get pregnant must now travel more than an hour to reach an abortion provider- double the U.S. Government benchmark for reasonable access to primary care⁴. Financial and geographic barriers should not prohibit people from accessing the essential health care they need, especially when anti-abortion politicians are outlawing and in some cases, seeking to criminalize this care in their home state.

We are fighting for a future where abortion access is free from hurdles, that is not challenged continuously in court or punished criminally, and is fully available regardless of zip code, income level, or insurance coverage, and is free from shame and stigma. While we navigate a post-*Roe* world, Connecticut providers continue to show up for patients regardless of who they are, where they are from, or how much money they make- and it is our responsibility to show up for them. **As a state that continues to lead on behalf of reproductive freedom, it is paramount that we invest in solutions that increase access to abortion and pregnancy-related care, and invest in the infrastructure and long term sustainability of abortion care providers.** Abortion clinics, providers, funds and abortion supporters are all part of an important ecosystem of care, and Passage of H.B. 6618 would work to ensure providers in our state have the resources and support they need.

A threat to reproductive freedom anywhere, is a threat to reproductive freedom everywhere- and banning abortion affects us all, wherever we live. We must ensure that abortion care is affordable, widely available, and readily accessible for everyone who needs it- which includes investing in the capacity of our state's provider network. **Pro-Choice Connecticut strongly urges the committee to support H.B. 6618.**

H.B. 6617 An Act Promoting Equity in Coverage for Fertility Care.

People deserve safe, thriving communities where they can seek the full range of pregnancy-related care and raise their families with safety, dignity, and abundance. As mentioned, the decision about if, when, or how to become a parent is one of the most important life decisions we make, and everyone should be able to make that decision without barriers – which includes equitable access to fertility care.

Currently, Connecticut law requires private insurance providers to cover fertility treatment only for people who meet a limited definition of “infertility” that is defined in reference to heterosexual intercourse⁵. Because single

³ <https://www.ansirh.org/research/sheet/harms-denying-woman-wanted-abortion>

⁴ <https://www.ansirh.org/research/research/data-shows-travel-time-abortion-facilities-increased-after-fall-roe>

⁵ <https://law.justia.com/codes/connecticut/2020/title-38a/chapter-700c/section-38a-509/>

individuals and LGBTQ+ families are not included in this narrow definition, they are typically excluded from this coverage requirement. Additionally, the law currently only applies to private insurers, meaning that people insured through HUSKY Health, the state's Medicaid program, are excluded from fertility care coverage. Research indicates that this existing mandate promotes racial disparities in accessing fertility care⁶, as Black and Latino residents in our state disproportionately rely on HUSKY Health for insurance coverage. In our fight to protect and expand reproductive freedom, we must address systemic reproductive oppression and racial injustice to ensure no one is left behind, and that all people, whether they have private or public insurance, have equitable access and coverage of the healthcare they need.

Connecticut was a trailblazer when it amended the law to require private insurance coverage for medically necessary procedures for fertility preservation, which allows people to protect their ability to become parents in the future. Now, as our state Continues to lead on behalf of reproductive freedom and equity, H.B. 6617 would follow through on this promise by clarifying and codifying coverage for the procedures and storage necessary for state residents who receive a medical diagnosis or treatment that can impair fertility, including cancer patients, transgender individuals, people with endometriosis, and others with a medical need.

All people making pregnancy- related decisions should be met with compassion and be provided with all of the resources they need for each and every option. For far too long, people of color, people with low incomes, people with disabilities and the LGBTQ+ community have faced insurmountable barriers when seeking to exercise their reproductive autonomy. It is paramount we ensure all people can access the care they need, including residents who are enrolled in our state's HUSKY Health program. **Pro-Choice Connecticut urges the committee to pass H.B. 6617**, as it will eliminate barriers to fertility care and ensure residents in our state have equitable access to the reproductive healthcare they need to start or grow their families.

Thank you for your time and consideration,

Liz Gustafson
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⁶ [https://www.ajog.org/article/S0002-9378\(22\)02158-5/fulltext](https://www.ajog.org/article/S0002-9378(22)02158-5/fulltext)